

**UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT**

**FORM B**

For use by candidates and new employees

Period covered: January 1, 2009 - 5-09-2010

LEGISLATIVE RESOURCE CENTER Page 1 of 4

2010 MAY 19 PM 2:46

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

Name: DAVID EDWARD FLINK Daytime Telephone: 515.710.2481

MAY 11 2010

(Office Use Only)

Filer  
Status



Candidate for the  
House of Representatives

State: PA

District: 03

Date of

Election: 6-08-10

Check if  
Amendment



New officer or  
employee

Employing Office: \_\_\_\_\_

**A \$200 penalty shall be assessed  
against anybody who files more  
than 30 days late.**

In all sections, please type or print clearly in black ink.

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  
If yes, complete and attach Schedule I.

Yes



No



IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?  
If yes, complete and attach Schedule IV.

Yes



No



II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  
If yes, complete and attach Schedule II.

Yes



No



V. Did you have any reportable agreement or arrangement with an outside entity?  
If yes, complete and attach Schedule V.

Yes



No



III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  
If yes, complete and attach Schedule III.

Yes



No



VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  
If yes, complete and attach Schedule VI.

Yes



No



Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 8.)

Yes



No



**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.

Yes



No



# SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name

DAVID G. FUNK

Page

2 of 4

List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)		Type	Amount	
			Current Year to Filing	Preceding Year
Examples:	XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450
	First Bank & Trust, Houston, Texas	Director's Fee	\$400	\$3,200
	XYZ Trade Association, Chicago, IL. (Rec'd December 2)	Honorarium	0	\$1,000
	Harris County, Texas Public Schools	Spouse Salary	NA	NA
NORTHWEST AIRLINES, ST. PAUL, MN		STOCK	Ø	18,517
NORTHWEST AIRLINES, ST. PAUL, MN		RESTAURANT INC.	32,105.00	77,535
DES MOINES AREA COMMUNITY COLL. ADVISORY, IA		SPOUSE'S SALARY	N/A	N/A
CITY OF PLEASANT HILL, IOWA		SALARY	Ø	157.00
MERCY MEDICAL CENTER		SPOUSE'S SALARY	N/A	N/A
ING ARMY, DES MOINES, IOWA		IRA PAYMENTS	N/A	54,396
IOWA DEPT. OF AGRICULTURE		FARM PAYMENTS	Ø	121.00
WORKMANUS CORPORATION, NWA INC, ST. PAUL, MN		DISABILITY SETTLEMENT	\$203,451.00	63,752

## SCHEDULE II – ASSETS AND “UNEARNED” INCOME

Name

DAVID E. FUNK

Page 5 of 4

[illegible]

**For additional assets and unearned income, use next page.**

# SCHEDULE III — LIABILITIES

Name

DAVID S. FARR

Page 3 of 4

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B \$10,001— \$15,000	C \$15,001— \$50,000	D \$50,001— \$100,000	E \$100,001— \$250,000	F \$250,001— \$500,000	G \$500,001— \$1,000,000	H \$1,000,001— \$5,000,000	I \$5,000,001— \$25,000,000	J \$25,000,001— \$50,000,000	K Over \$50,000,000	
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.				X							
DC	VISA & MASTERCARD			X									
SA	VISA & MASTERCARD			X									
JT	WELLS FINANCIAL FARM, 54640, MN	MORTGAGE ON 43305 & 116175 AUMUNTS, IA, 50257					X						
JT	AMERICAN BANK, PLYMOUTH LAKE, IA	MORTGAGE ON HUNT POINTS #6, PLYMOUTH LAKE, IA		X									
JT	DAN WILKINSON DALLAS, TX	CONTRACTED FARM, DALLAS, TX				X							

# SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
PRESIDENT	IOWA CHAMBER, SAFARI CLUB INTERNATIONAL
PRESIDENT	BLASOR PRO.COM, LLC

Use additional sheets if more space is required.